

BUILDING : 2 Queen Street E

SUITE NO. : _____

TENANT NAME : _____
(Please Print)

DATE : _____

Normal Hours of Operation : _____ **A.M.** to _____ **P.M.**

Contact Name	Title	Telephone Numbers			Email	BlackBerry PIN (Optional)
		Work	Cell	Home (Optional)		

It is imperative that the Property Management Office has a current listing of contacts. A minimum of three (3) or more contacts would be ideal

In the event of an emergency, Brookfield Properties Emergency Alert System (BP-EAS) and/or other means of communication may be used to contact your organization.

Should the emergency contact information change, please update and return this form to the Property Management Office .